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7635146982 MEDTRONIC

NO. 4417 P. 3

## PART B - FEE(S) TRANSMITTAL

FEB 22 2005

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE  
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27581

7590

11/22/2004

MEDTRONIC, INC.  
710 MEDTRONIC PARKWAY NE  
MS-LC340  
MINNEAPOLIS, MN 55432-5604

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Molly Chlebeck	(Depositor's name)
Molly Chlebeck	(Signature)
02-22-05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/034,060	12/20/2001	Michael F. Hess	P-8998.00	9435

TITLE OF INVENTION: AUTOMATED REAPPLICATION OF ATRIAL PACING THERAPIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	02/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MANUEL, GEORGE C	3762	607-014000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Paul H. McDowell  
Girma Wolde-Michael  
3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medtronic, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Minneapolis, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2546 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Paul H. McDowell

Date

22 Feb 05

Typed or printed name

Paul H. McDowell

Registration No.

34,873

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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NO. 4417 P. 1



**Medtronic**

## Facsimile Cover Sheet

P-8998.00

**To:** Office of Publications  
**Company:** U.S. Patent and Trademark Office  
**Phone:**  
**Fax:** 703 746 4000

**From:** Paul H. McDowall  
**Company:**  **Medtronic**  
**Phone:** 763 514 3351  
**Fax:** 763 514 6982

**Date:** February 22, 2005

**Pages including this  
cover page:** 4

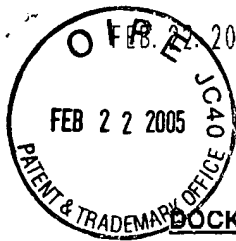
**Comments:** Serial No. 10/034,060  
Applicants: Hess et al.  
Filed: December 20, 2001  
Title: AUTOMATED REAPPLICATION OF ATRIAL PACING THERAPIES

Attached please find the following documents:

- X Issue Fee Transmittal
- X Part B-Fee(s) Transmittal

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7635146982 MEDTRONIC

NO. 4417 P. 2

**PATENT**

**DOCKET NO: P-8998.00**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**FEE TRANSMITTAL**

In re Application of: Michael F. Hess et al.  
For: AUTOMATED REAPPLICATION OF ATRIAL PACING THERAPIES  
Serial No.: 10/034,060  
Filed: December 20, 2001

**CERTIFICATE OF MAILING UNDER 37 CFR 1.8:** I hereby certify that this **FEE TRANSMITTAL** and the paper(s), as described herein, are being sent via facsimile No. (703) 746-4000 to the Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 22nd day of February, 2005.

Molly Chlebeck  
Signature

MOLLY CHLEBECK  
Printed Name

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- X Fee Transmittal
- X PTOL FORM 85B
- X Fee Addressee For Receipt Of PTO Notices Relating To Maintenance Fee

- X Please charge Deposit Account 13-2546 \$1,400.00 Issue Fee and \$300.00 publication fee for a Total of \$1,700.00.

- X Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefore to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time and charge same to Deposit Account 13-2546.

22 Feb. '05  
Date

Paul W. McDowall  
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